

Case Number:	CM13-0034661		
Date Assigned:	03/19/2014	Date of Injury:	08/31/2000
Decision Date:	05/08/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male who reported an injury on 08/31/2000 and the mechanism of injury was not provided in the medical records. The current diagnosis is cervical pain/cervicalgia. The injured worker continues to have chronic pain in his neck since the injury. The clinical note from 11/18/2013 indicated that he is having increased pain with tapering of medications. The injured worker stated that his pain was 6/10 and this is with medication. On examination of the head/neck, it indicated that on cervical palpation the trapezial area, facet joints and cervical paraspinal joints showed tenderness. Flexion and extension were markedly limited, with left/ right lateral bending markedly reduced and there was full strength in all neck muscles. The treatment plan was to continue present medications and he may have to taper or not have any medications paid for. The physician believed the medication he was taking was necessary for his treatment and without it he would do poorly. The current request is for oxycontin 10 mg #90 and percocet 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OXYCONTIN 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend long-acting opioids (Oxycontin) for around the clock pain relief and indicate it is not for as needed use. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The records submitted for review failed to indicate the efficacy of the medication, improvement in ability to perform activities of daily living and if there is aberrant drug behavior. It is also unclear to how much the patient is taking daily along with other opioids to calculate the cumulative doses. The request as submitted failed to provide the frequency of the medication to determine necessity. Therefore, due to the lack of supportive documentation the request for oxycontin 10 mg #90 is not medically necessary.

PERCOCET 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PERCOCET; ONGOING MANAGEMENT Page(s): 75, 78, 86.

Decision rationale: California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The records submitted for review failed to indicate the efficacy of the medication, improvement in ability to perform activities of daily living and if there is aberrant drug behavior. It is also unclear to how much the patient is taking daily along with other opioids to calculate the cumulative doses. The request as submitted failed to provide the frequency of the medication to determine necessity. Therefore, due to the lack of supportive documentation the request for percocet 10/325 #120 is not medically necessary.